FOR DMA USE ONLY
Initials: _____
Dates: _____
Follow-up: ☐C-2 ☐C-3

North Carolina Division of Medical Assistance
2501 Mail Service Center
Raleigh, NC 27699-2507

National Provider Identifier (NPI) Group Form

Please complete a NPI form for your group Medicaid Provider number. This form must be completed online or typed. **Handwritten forms will not be accepted.**

Note: For additional changes needed, please use the Provider Change Form. If the address reported on this form does not match what is currently in our system, we will update our records with the address provided on this form.

Remember: You must also attach a copy of your NPPES certification letter with this NPI form. Deadline for completion is March 15, 2007.

Mail form to:
Attention: NPI Form
DMA Provider Services
2501 Mail Service Center
Raleigh, NC 27699-2501

Fax to: (919) 715-7140
Email to: NPI.DMA@ncmail.net

Medicaid Provider Number	National Provider Number	Taxonomy Number
☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐X ☐☐☐☐☐☐☐☐☐X ☐☐☐☐☐☐☐☐☐X

	Physical Address	Billing/Accounting Address
Organization Name:		
Address 1:		
Address 2:		
City/State:		
Zip – Plus 4:	**REQUIRED** ☐☐☐☐☐-☐☐☐☐	**REQUIRED** ☐☐☐☐☐-☐☐☐☐

Printed Name /Title/Date **Phone Number** **Fax Number**

Signature
(Unless sent via email)

Email Address